

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re U.S. Patent Application )

ITO *et al.* )

Application 09/848,771 )

Filed: May 3, 2001 )

For: SOLUTION AND PROCESS FOR )  
PRODUCING BIOCHIP )

Attorney Docket No. HIRA.0045 )



Art Unit 1634

Examiner  
Forman, Betty J

Honorable Assistant Commissioner  
for Patents  
Washington, D.C. 20231

**COVER LETTER**

Sir:

[x] The fee for submission of additional claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS PAID	RATE	CALCULATION
Total Claims	4	5	(Over 20)	x \$18	0.00
Independent Claims	2	1	(Over 3)	x \$84	0.00
MULTIPLE DEPENDENT CLAIM(S)			280	+ \$280	0.00
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28 IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED)				x ½	0.00
				TOTAL	0.00

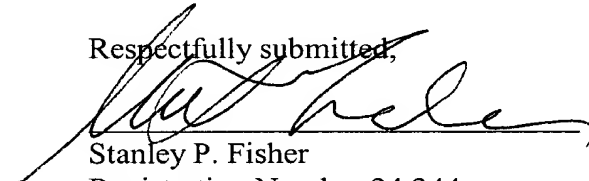
In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

[ x ] Response and Amendment  
(with claim amendments)  
Statement filed 6/30/03  
w/copy of stamped USPTO card  
[ ] Other \_\_\_\_\_

[ x ] Petition for Extension of Time (1-month)  
[ ] Terminal Disclaimer  
[ ] Letter to Draftsperson  
[ ] Petition under \_\_\_\_\_

- [ ] Please charge my **Deposit Account Number** \_\_\_\_\_ in the amount of \_\_\_\_\_ to cover the fees for \_\_\_\_\_. A duplicate copy of this paper is enclosed.
- [ x ] A check in the amount of **\$110.00** to cover the fee is enclosed
- [ x ] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including patent application filing fees and processing fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



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